

## **STARTING DATE:**

48 Hours Advance Notice Required Before Child Starts RAP

## Alameda Recreation and Park Department

2226 Santa Clara Ave, Alameda, CA 94501 (510) 747-PLAY • FAX (510) 523-4071 arpd@alamedaca.gov - TAX ID#: 94-6000288

## **RAP REGISTRATION FORM – KINDERGARTEN – MAYA LIN AND PADEN SCHOOLS**

- Single payment OR 1st Installment is due at the time of registration
- It is your responsibility to make all payments by due dates listed on the RAP flyer (see website listed below)
- All payments made after due dates will be automatically charged a \$30 late fee

By signing, I authorize the City of Alameda to charge my credit card for the activity costs listed above

- Checks (payable to ARPD), Discover, MasterCard, Visa Cards accepted
- All registrations receive confirmation
- Activity withdrawals will be charged a \$15 processing fee; the remainder of your fee will be placed on your ARPD account for any future ARPD program
- RAP PARENT HANDBOOK AND RAP FLYER are available online at: <a href="http://alamedaca.gov/recreation/recreation-afterschool-program-rap">http://alamedaca.gov/recreation/recreation-afterschool-program-rap</a> in order for you to become familiar with RAP Policies and Procedures and Payment Due Dates

Boy       5 Days (M-F)   3 Days-List   1 Days (M-F)   3 Days-List   2 Days-List   2 Days-List   2 Days-List   2 Days-List   1 Days-List   2	Child's Name		Birthdate	Age	Grade	Child's	Child's	Days Attending	
My Child May Leave RAP Site (Select One:)  Only With Listed Authorized Pick Up Person(s) Listed Below OR  By Checking Self Out At: Time P.M.  List First and Last Name(s) of Person(s) Authorized To Pick Up Child From RAP:  Child's Medical Information/Allergies/Dietary Restrictions:  ARENT/GUARDIAN CONTACT INFORMATION:  ast Name First Name  Address City Zip  Thone  Home Work Cell  Temperature Contact Name Relationship Phone  Imergency Contact Name Relationship Phone  Imergency Contact (other than parent) Relationship Phone  Imergency Contact (other than parent) Relationship Phone  Aburt WANYER  Undersigned hereby releases, walves and discharges the city of Alameda, its directors, amployees agents and independent contractors from all liability to the undersigned and/or his, before the city of Alameda, its directors, comployees, agents, and independent contractors.  Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, comployees, agents, and independent contractors.  Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors.  Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned has recommended and voluntarity special explanation of the city of Alameda and voluntarity special explores in the city of Alameda and volun	Cilia s Name		Diffidate	Age	Grade	School	Room #	RAP Per Week	
My Child May Leave RAP Site (Select One:)  Only With Listed Authorized Pick Up Person(s) Listed Below OR  By Checking Self Out At: Time P.M.  List First and Last Name(s) of Person(s) Authorized To Pick Up Child From RAP:  Child's Medical Information/Allergies/Dietary Restrictions:  Child The Medical Information Allergies/Dietary Restrictions:  Child The Medical Information Allergies Restrictions:  Child Th		□ Воу							
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List First and Last Name(s) of Person(s) Authorized To Pick Up Child From RAP:  Child's Medical Information/Allergies/Dietary Restrictions:  AREINT/GUARDIAN CONTACT INFORMATION:  ast Name  First Name  City Zip  Chone  Home  Work  Cell  Final Address  City Zip  Chone  Home  Relationship Phone  More Relationship Phone  More Relationship Phone  Mare of Child's Insurance Company  Allergies the city of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his resonal representatives, assignes, belies, and next lotin for any loss or damage and any claim or demands accruing or resulting from your to the person property or death of the undersigned hether or not caused by the negligence and/or property of the City of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his resonal representatives, assignes, belies, and next lotin for any loss or damage and any claim or demands accruing or resulting from your to the person or property or death of the undersigned hether or not caused by the negligence and/or property of the City of Alameda, its directors, employees, agents, and independent contractors.  Undersigned hereby releases, walves and discharges the city of Alameda, its directors, employees, agents, and independent contractors.  Undersigned hereby assumes the risk, and next lotin for any loss or damage and any claim or demands accruing or resulting from your to the person or property or damed in the city of Alameda and/or white using the premises of the City of Alameda is understoned in the City of Alameda and/or white using the premises of facilities or equipment, including, to limited to the website, Activity Guide or social medial produced by the City of Alameda to use your or contractive and the city of Alameda and/or white using the premises of facilities or equipment, including, or the city of the City of Alameda to use your or contracted. It is understood that the cost therefor will be									
Child's Medical Information/Allergies/Dietary Restrictions:    Care   Common   Commo	-						Out At: Tim	e P.M.	
Address City Zip  Address City Contact Name Relationship Phone Relationship Phone Phone Relationship Phone Phone Relationship Phone	List First and Last Name(s) of	Person(s) Auth	orized To Pi	ck Up C	hild From	RAP:			
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Emergency Contact (other than parent)    Relationship				_			Cell		
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Name of Child's Insurance Company									
Name of Child's Insurance Company	mergency Contact (other than parent)			Relationship			Phone		
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Date  MOUNT ENCLOSED: \$ □ □ Single Payment OR □ Installment  Il payments made after due dates will be subject to \$30 administrative charge – see RAP flyer for due dates	. Undersigned hereby releases, waives an ersonal representatives, assignees, heirs, and whether or not caused by the negligence and/ Undersigned hereby assumes full respo mployees, agents and independent contract. ED machines, or program transportation the HOTO CONSENT: Undersigned authorizes thot limited to the website, Activity Guide or so Check here if you do not give photographic ONSENT TO TREAT: I hereby give my consent vent that I cannot be immediately contacted. ☐ Check here if I do not consent to treat and Indersigned has read and voluntarily signs the	next of kin for any los for property of the Cit insibility for and risk or ors or otherwise while reon.  e City of Alameda to use consent.  t for the City of Alame.  It is understood that I request that medica e release and waiver	s or damage and a y of Alameda, its of bodily injury, do in, upon or abour use your (or child's by the City of Alada staff to take me the cost thereof I or surgical service	ny claim or directors, o eath or pro t the premi s/ward's) p meda. e (or my ch will be at n es be withl	demands accru fficers, employ perty damage, ises of the City hotograph in a hild/ward) to the ny expense. held.	uing or resulting from injuees, agents, and indeper whether or not it is du of Alameda and/or whill ny future educational ar e appropriate medical so	ury to the person or ndent contractors. e to the negligence e using the premise addorcommunity ir dervices and give ap	property or death of the undersign of the City of Alameda, its direct es or facilities or equipment, includ- formational purposes, (including, propriate medical authorization in	
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